



DEPARTMENT OF THE ARMY
3D BATTALION, 98TH REGIMENT
3D BRIGADE (CS), 98TH DIVISION (IT)
385 Niagara Street, Providence, Rhode Island 02907-2099

AFRC-TNY-BDC-C (350)

15 September 2006

MEMORANDUM FOR Students Attending 113-25U10 PH I

SUBJECT: Student Information/Welcome Letter

1. Congratulations on your enrollment in the Signal Support Systems Specialist Course (25U10 Phase I). This is Phase I of a two-phase course.
2. The following administrative instructions pertain to your class:

CLASS START DATE:	21 October 2006
CLASS END DATE:	22 April 2007
CLASS LOCATION:	Building 5508 Ft. Dix New Jersey
REPORTING TIME:	0800
UNIFORM:	Duty (BDU/ACU)

3. **EQUIPMENT:** Students will need a 3-ring notebook (binder), a note pad, and pen/pencil.
4. **BILLETING:** Billeting will be available.
5. **MEALS:** Will be provided at no cost to soldier.
6. **PHYSICAL TRAINING:** PT will not be conducted at the school site. Each student is encouraged to maintain his or her level of physical fitness while enrolled in the course.
7. **PREREQUISITES:** All students must report in the Individual Physical Fitness Uniform (IPFU) for weigh-in on the first day of class. All students must meet the height/weight standards of AR 600-9. You will be weighed in at the beginning of the course. If you do not meet the table screening weight, as prescribed in AR 600-9, DA Form 5501-R or DA Form 5500-R will be completed if applicable. If you fail both the screening and the tape test, you will be dismissed from the course and returned to your home unit. A completed Pre-Execution checklist, signed by your Unit Commander must be brought to the first day of class. If any prerequisite deficiencies are noted you will be counseled in writing on a DA Form 4856 and given 72 hours (three working days) to correct the deficiency. If after 72 hours the student has not corrected all deficiencies they will be disenrolled from the course.

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8. **CANCELLATION:** If you are unable to attend this course for whatever reason, please inform your unit so that they can contact the school.
9. **EO/SEXUAL HARASSMENT:** This school supports all army regulations and policies concerning equal opportunity and prevention of sexual harassment. Violations will be reported either through your chain of command or directly to the commander of the 98th Division (IT).
10. If you require further assistance, you may contact the TASS Signal Battalion at (401) 467-6060 x219 or (800) 238-3138 x773 then 219 from 0800-1630, Monday thru Friday. You may also contact the Cell Leader, MSG Deleon at (H): 856-435-3038 or email: joel.deleon@us.army.mil.

/s/

JUAN HOWIE
MAJ, MP, USAR
Commanding

THE ARMY SCHOOL SYSTEM (TASS) UNIT PRE-EXECUTION CHECKLIST <small>(FOR USE OF THIS FORM SEE TRADOC REG 350-18; PROPONENT IS DCSOPS&T, TASSD)</small>		
Type or Print (except where Initials are required)		
1. NAME: (Last, First, MI)		2. SSN:
3. UNIT: (Unit Designation, City, State, ZIP) (Indicate one: AC, ARNG, USAR)		4a. DOR:
		4b. Rank/Grade:
5. COURSE TITLE: Signal Support System Specialist 25U PH 1		6. REPORT DATE:
1st Line Leader Initials	Soldier's Initials	PART-I Unit Pre-execution (D -90 to D -1)(D = Report Date)
		Coordination between customer unit and TASS unit to identify the Soldier by name
		Soldier in receipt of school/course information (ATRRS SH, SL & SLR Screens)
		Read ahead packets/prerequisite testing complete (if applicable)
		All required clothing/equipment IAW school/course info packet
		Soldier demonstrated physical fitness requirement on diagnostic APFT (FM 21-20) administered within 30 days of scheduled report date for school (as required)
		Soldier meets height-weight standards of AR 600-9
		Transportation requirements completed
		Adequate cash/traveler checks/Government Credit Card
		Individual orders received
		Individual has current periodic physical (AR 40-501)(within 5 years of course gradation date)
		Individual meets remaining TIS requirements
		School Mailing Address/Telephone numbers received (for family)
		Ten (10) copies of orders
		Transportation verified/approved (ticket picked up)
		Current/valid identification (ID) card
		Identification (ID) Tags (1 pair)
		Soldier requiring corrective lenses has a set of military prescription eyeglasses and protective mask inserts (if applicable)
		<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 50px; height: 20px; margin-right: 5px;"></div> <div> (YES) or (NO) Notify soldier of requirement to take APFT (FM 21-20) and be weighed (AR 600-9 standards)(as required) </div> </div>
Unit POC List: (Commercial telephone numbers only)		
<div style="display: flex; justify-content: space-between;"> <div> CDR: B: _____ </div> <div> H: _____ </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div> 1SG B: _____ </div> <div> H: _____ </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div> Unit FTM: B: _____ </div> <div> H: _____ </div> </div>		
Unit POC FAX: _____		
Unit POC Email: _____		

PART II - ROUTINE PREREQUISITES													
TASK	REGULATION DATA						SOLDIER DATA						
MINIMUM APTITUDE SCORE (ASVAB) (IF APPLICABLE IAW DA PAM 611-21 & DA PAM 351-4)	CO	CL	FA	GM	MM		CO	CL	FA	GM	MM		
	OF	EL	SC	ST	GT		OF	EL	SC	ST	GT		
		93	93										
Color vision requirements (if applicable IAW AR 40-501, DA PAM 611-21 & DA PAM 351-4)													
Physical demand rating/profile (PULHES) *See Part III for P/T profiles	P	U	L	H	E	S	P	U	L	H	E	S	
	1	1	1	2	2	1							
Prerequisite phase/course attendance (if applicable)	School Code:						N/A						
	Date of Completion:						N/A						
	Course Completed:						N/A						
	Phase completed:						N/A						
Military and civilian vehicle operator's license(s) (if applicable IAW DA PAM 611-21)	N/A												
PART III - REQUIRED DOCUMENTS													
Security Clearance (If applicable, attach certificate IAW AR 380-5)													
*Permanent profile attendees (if applicable): AC & AGR must have copy of MRB (P3, P4) results with completed DA Form 3349 (AR 40-501) - must include Army doctor-approved alternate aerobic event for APFT (FM21-20). TPU/Traditional Guardsman must have copy of completed DA Form 3349 (AR 40-501) (must include Army doctor-approved alternate aerobic event for APFT)(FM 21-20).													
All required waivers (if applicable)						N/A							
Other requirements (if applicable)						N/A							
OTHER REQUIREMENTS OF DA PAM 611-21 NOT PREVIOUSLY LISTED													
Other requirements (if applicable)						N/A							
Other requirements (if applicable)						N/A							
Other requirements (if applicable)						N/A							
Other requirements (if applicable)						N/A							
I have been counseled and have read all requirements applicable to the course I'm selected to attend. Attendance at this course and class will not pose any known hardship on me and/or my family that would detract from or prevent my successful completion of course requirements.													
Student's Signature						Date:							
I have reviewed the above Soldier's qualifications and potential to successfully complete this course; have counseled him/her on these requirements and hereby verify his/her readiness to attend same.													
Commanding Officer (typed name)						Date:							
Signature													

TRADOC FROM 350-18-2-R-E, Oct 2004 Previous editions are obsolete